



## CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY

State Form 4604 (R12/9-09) Indiana Election Commission (IC 3-9-1-3, IC 3-9-1-4, IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.

											FILE NUMBER	
1. IS THIS AN AMENDMENT	Γ?	X	NO	YES -	If YES, ple	ease ente	r the file nur	nber in t	his box		<b>■</b> 6713	
SECTION A CANDIDATE	E INFORI	MATIC	N: Fill i	in all apı	plicable	boxes as	s fully and	accurat	elv as possib	le.		
2. Last Name	First Name				Middle N			Nickname			3. Type of Committee (Check only one)	
ARREDONDO	LORENZO										X Candidate's Principal Committee  Exploratory Committee	
4. Mailing Address					5. FAX (Optional)			1	6. E-mail (Optional)	)		
P.O. 574												
7. City  CROWN POINT	State Zip Coo			-		9. Telephone (Day 219-688-4					10. Telephone (Evening) 219-688-4796	
11. Party Affiliation							trict number, if any. Not required for an expl					
Democratic		ATTORNEY GENERAL										
SECTION B COMMITTE	E INFOR	MATI	ON: <i>Fill</i>	l in all a	oplicable	boxes a	as fully and	l accura	ately as possi	ible.		
13. Fill name of committee (Do Not abbrev ARREDONDO FOR ATT	,		heck if this is a i	new name								
14. Mailing Address Check if this is a new addres				ss   15. FAX			'Optional)		16. E-mail Address (Optional)			
P.O. Box 574												
Crown Point	State Zip Code IN 46308				18. County Lake		19. Telephone 219-688-4796			20. Committee Organization Date (MM-DD-YY) 08/07/2015		
21. Chairperson's Full Name Designate Candidate as Chairperson Check if this is a new chairperson  ANDREW V. GIORGI												
22. Mailing Address Check if this is a new address P.O. Box 574						23. FAX (	Optional) 24		24. E-mail Address C	Optional)		
25. City	State Zip Code			1:	26. County	27. Telephone (Day)			28. Tele	phone (Evening)		
Crown Point							219-688-4796		219-688-47		· · · · · · · · · · · · · · · · · · ·	
29. Bank or Other Depositories	(List all bank	s or other	depositories in	which the cor	nmittee depos	its funds, hold	accounts, rents sa	fety deposit l	boxes or maintains fund	ds.)		
CENTIER BANK												
30. Exploratory Committee (Give brief	f statement exp	olaining pu	urpose of an exp	ploratory comi	mittee only)				ents (Will the committe st wages? If Yes, attach			
SECTION C APPOINTM	ENT OF	TRFA	SURER (	IC 3-9-1.	-14)						X 10 103	
SECTION C. APPOINTMENT OF TREASURER (IC 3-9 32. I, as Chairperson of the foregoing committee,										of the Co	mmittee Chairperson	
appoint the following person as Treasurer of the Committee.				CAMILA A. TREVINO								
33. Treasurer's Full Name		Des	ignate Candidat	te as Treasure	er		Chec	k if this is a r	new Treasurer			
CAMILA A. TREVINO												
34. Mailing Address	Check if thi	is is a nev	v address			35. FAX	(Optional)		36. E-mail Addr	ress (Opti	onal)	
P.O. Box 574												
37. City		State	Zip Code	:	38. County		39.	Telephone (	Day)		40. Telephone (Evening)	
CROWN POINT		IN	46308		Lake			219-68	88-4796		219-688-4796	
SECTION D. ACCEPTAN	CE OF A	PPOI	NTMENT	(IC 3-9-	1-15)							
41. I give notice that I accept the duties and responsibilities of Treasurer of this												
committee. I am not the chairperson of a campaign finance committee (except												
as permitted for a candidate co										1	FOR OFFICE USE ONLY	
SECTION E. CERTIFICATION OF STATEMENT											nfirm Nbr: 13198	
We certify as the candidate and the duly appointed Chairperson of the committee that we have										Filed:		
examined this statement. To th 42. Typed or printed name of Chairperson		ur knov		belief it is ure of Chairpe		ect and co	mplete.	Date (N	MM-DD-YY)	Filea.	0/13/2013 11.31.00AW	
43. Typed or printed name of Candidate			Signatu	re of Candida	ite			Date (N	MM-DD-YY)	+		
LORENZO ARREDONDO	)											
						00445				1		
Warning: State law requires that any changer fraudulent report commits a Class D felony Finance Law commits a Class B misdemea	(IC 3-14-1-13)	. A perso	n who fails to file	e a complete	or accurate rep	oort as require	d by the Indiana Ca					